

JUN 05 2007

**FAX TRANSMISSION****DATE:** June 5, 2007**PTO IDENTIFIER:** Application Number 10/616,696-Conf. #1591  
Patent Number**Inventor:** Narutoshi SUGITA et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Anthony A. Laurentano

**PHONE:** (617) 227-7400**Attorney Dkt. #:** CSC-021CN**PAGES (Including Cover Sheet):** 17**CONTENTS:** Transmittal (1 page)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)  
Fee Transmittal (1 page in duplicate)  
Amendment After Final Action Under 37 C.F.R. 1.116 (10 pages)  
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PTO/SB/97 (08-04)

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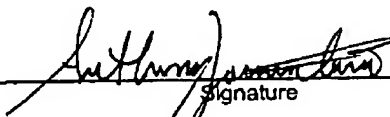
Application No. (if known): 10/616,696

Attorney Docket No.: CSC-021CN

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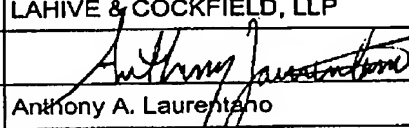
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/616,696-Conf. #1591
	Filing Date	July 9, 2003
	First Named Inventor	Narutoshi SUGITA
	Art Unit	1745
	Examiner Name	D. W. D. Yuan
Total Number of Pages In This Submission	Attorney Docket Number	CSC-021CN

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

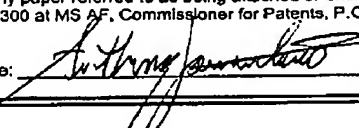
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Anthony A. Laurentano		
Date	June 5, 2007	Reg. No.	38,220

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b> Application Number 10/616,696-Conf. #1591 Filing Date July 9, 2003 First Named Inventor Narutoshi SUGITA Examiner Name D. W. D. Yuan Art Unit 1745 Attorney Docket No. CSC-021CN	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00			

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

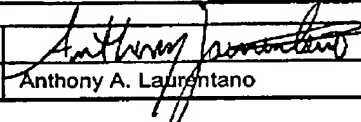
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	38,220	Telephone	(617) 227-7400
Signature		Name (Print/Type)	Anthony A. Laurentano	Date	June 5, 2007

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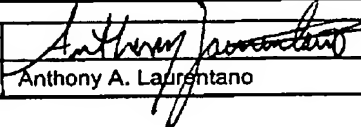
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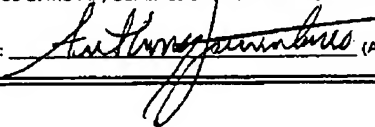
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1745
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	CSC-021CN

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive &amp; Cockfield, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
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Multiple dependent claims							
Total Claims			Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
						Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims			Extra Claims	Fee (\$)	Fee Paid (\$)		
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> <u>120.00</u>							

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	38,220
Name (Print/Type)	Anthony A. Laurentano	Telephone	(617) 227-7400
		Date	June 5, 2007

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